

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/523282

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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21	1					
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25	1					
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31	1					
32	1					
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49						
50						
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	13	←		←		←
TOTAL CLAIMS	14					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						